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CONFIRMATION NO. 2798

Bib Data Sheet

SERIAL NUMBER 09/264,267	FILING OR 371(c) DATE 03/08/1999 RULE	CLASS 211	GROUP ART UNIT 3634	ATTORNEY DOCKET NO. 27070
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APPLICANTS

CLARK A. LEVSEN, SHAWNEE, KS;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/24/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY KS	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

HOVEY WILLIAMS TIMMONS & COLLINS
2405 GRAND BOULEVARD
SUITE 400
KANSAS CITY, MO64108

TITLE

KNIFE HOLDER

FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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